



The Cruising Yacht Club of WA inc.

2025/26 MEMBERSHIP APPLICATION

I hereby apply to become a Member of The Cruising Yacht Club of WA Inc. (TCYC)

- | | |
|---|--|
| <input type="checkbox"/> Full (voting) (26-67 years of age) | <input type="checkbox"/> Social & Crew (26-67 years of age) |
| <input type="checkbox"/> Country (voting) (at least 100km radius from club) | <input type="checkbox"/> Senior Social & Crew (Pensioner/ retirement age 67 years) |
| <input type="checkbox"/> Senior (voting) (Pensioner/ retirement age 67 years) | <input type="checkbox"/> Youth Social & Crew (18-25 years of age) |
| <input type="checkbox"/> Youth (voting) (18-25 years of age) | <input type="checkbox"/> Associate (Spouse/Partner of main member) |
| | <input type="checkbox"/> Junior (Under 18 years of age) |
| <input type="checkbox"/> Family | <input type="checkbox"/> Honorary (ADF Serving Member)— Service # _____ |

Proof of Primary Residence address required for Country Memberships. All Seniors and Youth applications are required to provide Drivers licence or relevant identification showing birthdate and/or Aged Pension status.

House Support Points expire on the 31st March 2026

MEMBERS PERSONAL DETAILS		
For those applying for Family Membership, this will be the Main Member. Main Member must be Full (v) or Social & Crew.		
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mstr <input type="checkbox"/> Other:	Office use only - Member No.	
First Name:	Surname:	
Date of Birth: __/__/__ (compulsory)	Drivers Licence No:	
Residential Address:	Suburb:	Postcode:
Postal address:		
Home Ph:	Work Ph:	Mobile:
Email:	Occupation:	
ADDITIONAL INFORMATION REQUIRED		
Have you been a Member of TCYC before? Yes / No Previous membership number: _____		
Do you have an Australian Sailing number? Yes / No / Unsure: # _____		
Has membership been refused or terminated by a similar organisation? Yes / No		
PARTICIPATION INFORMATION		
I am interested in the following section/s (please tick)		
<input type="checkbox"/> Social Events/ Functions	<input type="checkbox"/> Crewing (on a vessel/seeking crew)	
<input type="checkbox"/> Sponsorship/Marketing opportunities	<input type="checkbox"/> Keelboat Sailing	
<input type="checkbox"/> Volunteering	<input type="checkbox"/> Dinghy Sailing	
	<input type="checkbox"/> Sail Training	
CREWING INFORMATION (Compulsory for Crew membership applications)		
I am a crew member on:		
Boat Name: _____ Boat Owner Name: _____		

Family Members
Only complete this section if you are applying for Family Membership.
Family Associate Details (Spouse of Main Member)

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mstr <input type="checkbox"/> Other:		Office use only - Member No.
First Name:	Surname:	
Date of Birth: __/__/__ (compulsory)	Mobile:	
Email:		

CHILDREN DETAILS
Children must be under 18 years of age

<input type="checkbox"/> Miss <input type="checkbox"/> Mstr		Office use only - Member No.
First Name:	Surname:	
Date of Birth: __/__/__ (compulsory)	Mobile:	
<input type="checkbox"/> Miss <input type="checkbox"/> Mstr		Office use only - Member No.
First Name:	Surname:	
Date of Birth: __/__/__ (compulsory)	Mobile:	
<input type="checkbox"/> Miss <input type="checkbox"/> Mstr		Office use only - Member No.
First Name:	Surname:	
Date of Birth: __/__/__ (compulsory)	Mobile:	
<input type="checkbox"/> Miss <input type="checkbox"/> Mstr		Office use only - Member No.
First Name:	Surname:	
Date of Birth: __/__/__ (compulsory)	Mobile:	

DECLARATION

I hereby declare that all details provided in this application are true and correct and by signing this application I declare that I agree to be bound by the TCYC constitution and By-laws and to act at all times, in the best interest of TCYC.

Signature of Applicant:		Date: __/__/__
Nominated by:	Signature:	Date: __/__/__
Seconded by:	Signature:	Date: __/__/__

Complete and return the form to the office or by email reception@tcyc.com.au

If you have any queries about your application form please contact Membership on 9527 5468 or the above email.

Office Use Only		
Membership No: _____	Membership Year: _____	AS No: _____
Date of Payment: __/__/__	Total Amount: \$ _____	
HSP Value: \$ _____	CoM Date: __/__/__	
Date entered in database: __/__/__	Staff signature: _____	